Medication Disposal

Youth	Medication	Dosage	# of pills	Staff 1 Initial	Staff 2 Initial
Nothed of Disne					
defilod of Dispo	osal:				
By signing below	v I certify the medications no	oted above were	counted,	logged and d	lisposed of
Printed Name of Staff 1		Printed Name of Staff 2			
Signature of Staff 1		Signature of Staff 2			